SUBMISSION OF URINE SPECIMENS AND RELATED DISCREPANCIES

Navy Drug Screening Laboratory Jacksonville

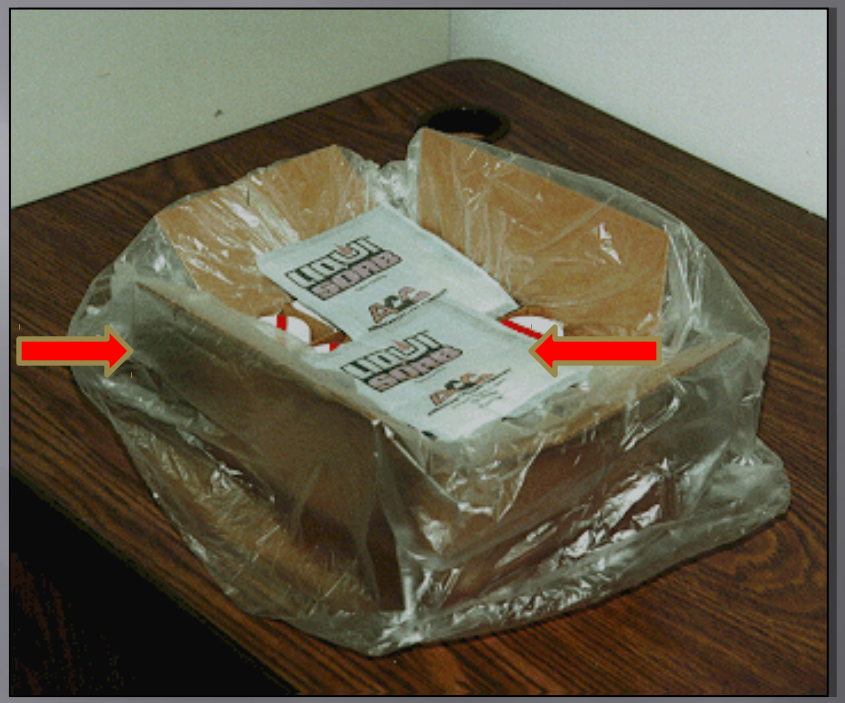
Pre-Packaging Tips

We recommend the UPCs double check all of their paperwork before sealing the box and submitting the specimens for testing.

Key things to look for are:

- ❑ Does all information on the bottle label match the DD Form 2624?
- ❑ Is the correct Command name listed in Block 1?
- ❑ Does the UIC/RUC match the Command listed in Block 1?
- ❑ Are the specimens listed on the DD Form 2624 either present or voided on the form?
- ❑ Are any changes to the SSN(s) on the DD Form 2624 and specimen bottle label(s) dated and initialed?
- ❑ Is the batch number in Block 5 present and does it match the batch number on the bottle labels?
- ❑ Is a chain of custody documented on the back of the DD Form 2624?
- ❑ Does the collection date on the bottle match the DD Form 2624 collection date?

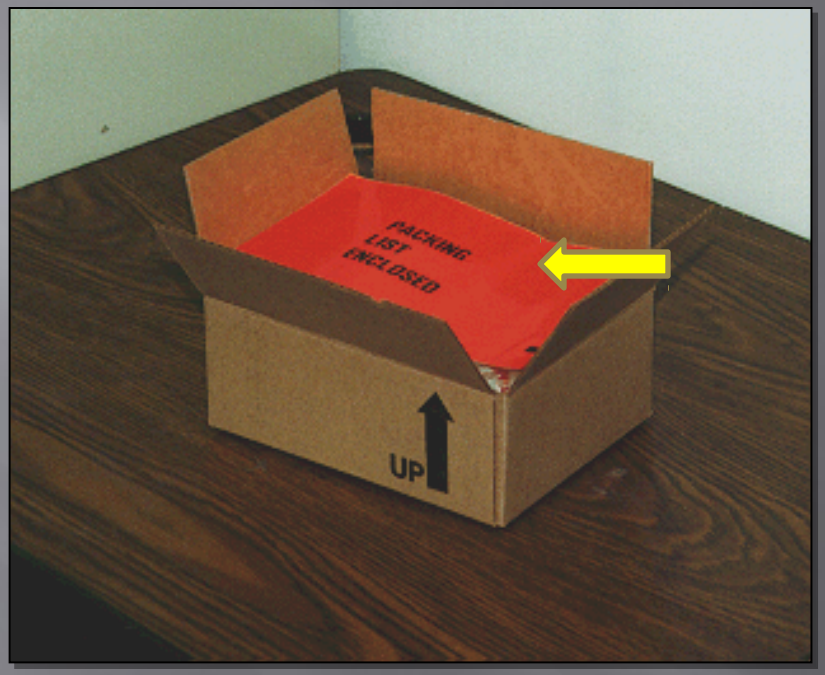
Packaging (I)



- Place seal bag and dividers in the box prior to filling the box with the specimen bottles

- Place absorbent materials on top

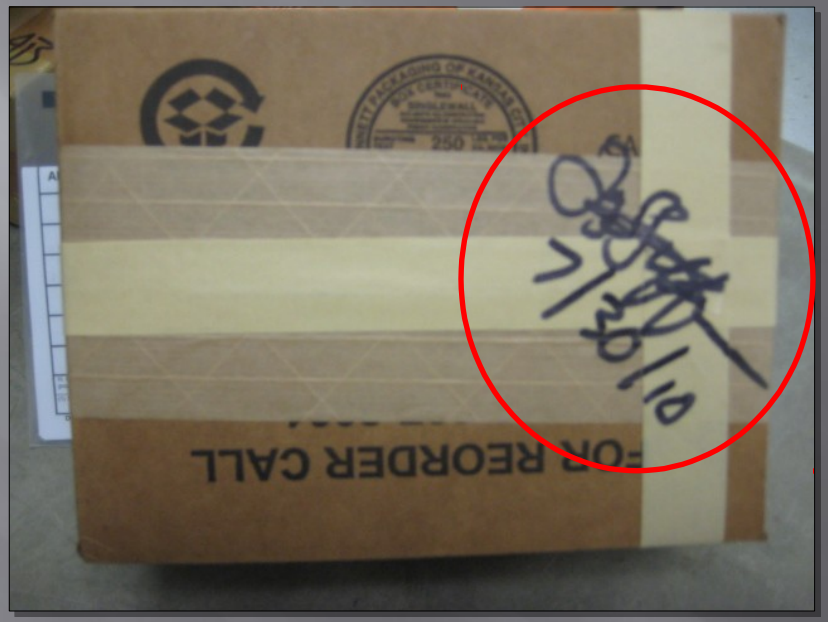
Packaging (II)



- Enclose a copy of the DD Form 2624 in the waterproof mailer
and insert the mailer in the shipping container

- Each specimen bottle listed in the DD Form 2624 must be in the box (or properly voided on the DD Form 2624) and vice versa (see “GG” discrepancy code for further explanation)

Packaging (III)

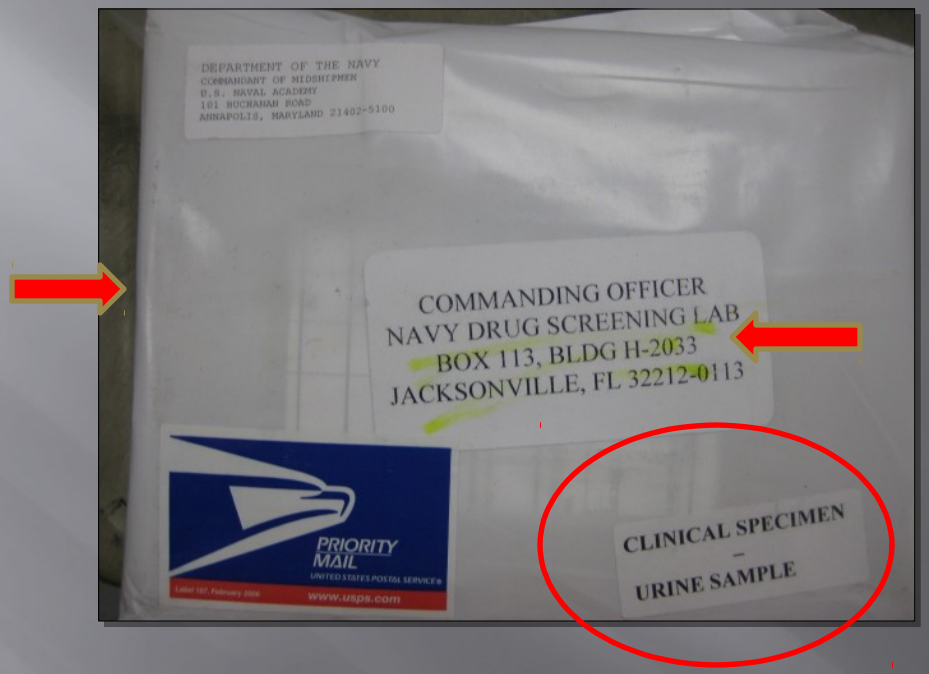


- Seal all sides, edges and flaps of the box with adhesive paper tape
- Sign and date across the top and bottom of each box

Packaging (IV)

- Insert the original DD Form 2624 in a sealed envelope and affix the envelope to the shipping container (preferably on top or bottom)

Packaging (V)



- Place box in a secondary, waterproof container - mailing pouch.
- Address shipping label to the appropriate NDSL
- Mark on the address side with the following statement: "CLINICAL SPECIMEN – URINE SAMPLE"

Packaging Tips

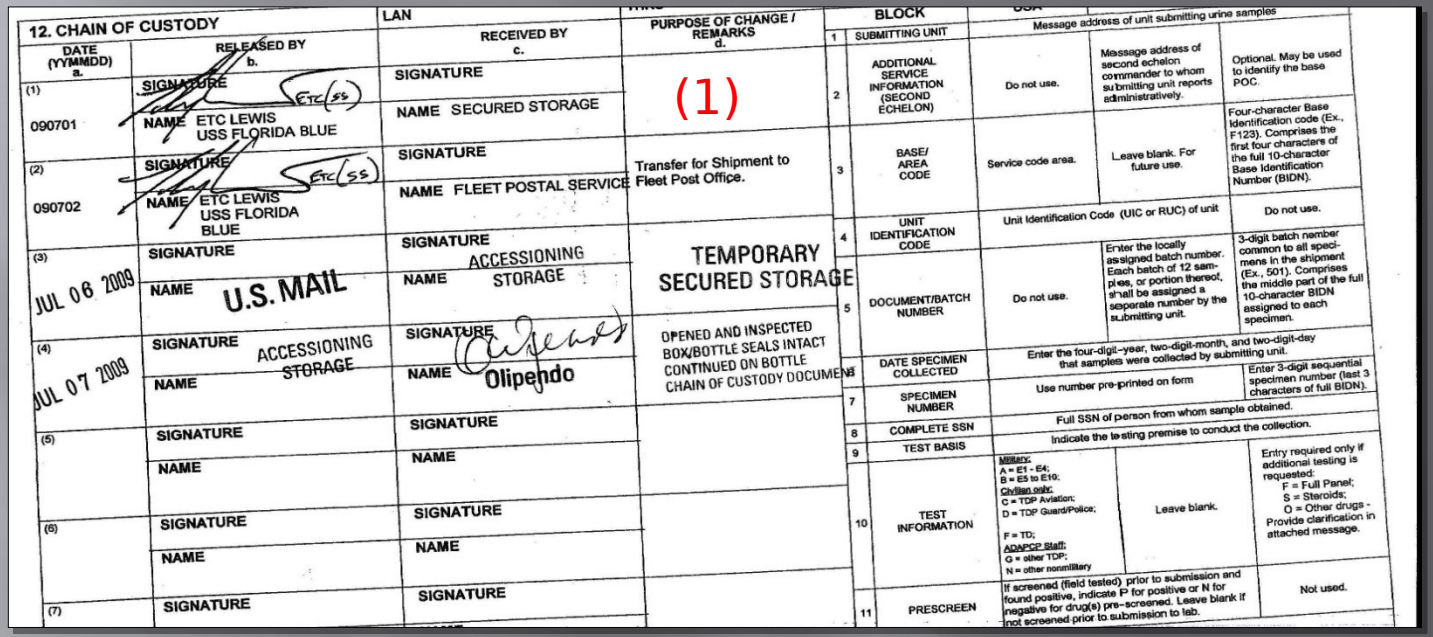
- Please do not individually wrap the specimen bottles or tape / wrap the specimen bottle lids.

- Wrapping /taping does not help with leakage and can cause problems with legibility of the label.

Common Discrepancies (I)

- FN = Form Chain of Custody entries discrepant (incorrect, incomplete, illegible, not original or not forensically corrected)
- The most commonly-applied discrepancy code for specimens received by NDSL Jacksonville
- The purpose of chain of custody documentation is to accurately document who or what had custody of the specimens, on which date and for what purpose

Common Discrepancies (II)



12. CHAIN OF CUSTODY		LAN		
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE / REMARKS d.	
(1) 090701	SIGNATURE ETC(SS) NAME ETC LEWIS USS FLORIDA BLUE	SIGNATURE NAME SECURED STORAGE	(1)	
(2) 090702	SIGNATURE ETC(SS) NAME ETC LEWIS USS FLORIDA BLUE	SIGNATURE NAME FLEET POSTAL SERVICE	Transfer for Shipment to Fleet Post Office.	
(3) JUL 06 2009	SIGNATURE NAME U.S. MAIL	SIGNATURE ACCESSIONING NAME STORAGE	TEMPORARY SECURED STORAGE	
(4) JUL 07 2009	SIGNATURE ACCESSIONING NAME STORAGE	SIGNATURE NAME Olipendo	OPENED AND INSPECTED BOX/BOTTLE SEALS INTACT CONTINUED ON BOTTLE CHAIN OF CUSTODY DOCUMENT	
(5)	SIGNATURE NAME	SIGNATURE NAME		
(6)	SIGNATURE NAME	SIGNATURE NAME		
(7)	SIGNATURE	SIGNATURE		

BLOCK				
1	SUBMITTING UNIT	Message address of unit submitting urine samples		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use.	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
3	BASE/ AREA CODE	Service code area.	Leave blank. For future use.	Four-character Base Identification code (Ex., F123). Comprises the first four characters of the full 10-character Base Identification Number (BIDN).
4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit		Do not use.
5	DOCUMENT/BATCH NUMBER	Do not use.	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex., 501). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
6	DATE SPECIMEN COLLECTED	Enter the four-digit–year, two-digit-month, and two-digit-day that samples were collected by submitting unit.		
7	SPECIMEN NUMBER	Use number pre-printed on form		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
9	TEST BASIS	Indicate the testing premise to conduct the collection.		
10	TEST INFORMATION	Military: A = E1 - E4; B = E5 to E10; Civilian only: C = TDP Aviation; D = TDP Guard/Police; F = TD; ADAPCP Staff: G = other TDP; N = other nonmilitary	Leave blank.	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used.

(2)

(3)

- (1) Missing purpose of change (*e.g.*, “overnight storage”)
- (2) 12(2)b should read “SECURED STORAGE” and the RECEIVED BY block should read “ETC LEWIS, USS FLORIDA BLUE” with signature
- (3) Entries on this line should be “ETC LEWIS , USS FLORIDA BLUE” to “FLEET POSTAL SERVICE” for “Transfer for Shipment”

Proper Documentation of Chain of Custody (I)

Chain of Custody Examples:

Back of DD Form 2624

DATE	RELEASED BY	RECEIVED BY	PURPOSE
081229 **Same date samples collected**	Signature **E.g., UPC** Printed Name	Postal Service	Release to Postal Service for Shipment to Lab

Back of DD Form 2624

DATE	RELEASED BY	RECEIVED BY	PURPOSE
081229	Signature **Person #1** Printed Name	Signature **Person #2** Printed Name	Transfer Custody
081229	Signature **Person #2** Printed Name	Postal Service	Release to Postal Service for Shipment to Lab

Back of DD Form 2624

DATE	RELEASED BY	RECEIVED BY	PURPOSE
081229	Signature **Person #1** Printed Name	Storage	Temporary Secured Storage
090106	Storage	Signature **Person #2** Printed Name	Retrieve from Storage
090106	Signature **Person #2** Printed Name	Postal Service	Release to Postal Service for Shipment to Lab

Proper Documentation of Chain of Custody (II)

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.
(1) 25NOV2002	SIGNATURE BM2 Smith NAME BM2 Smith	SIGNATURE NAME	Ship to NAVDRUGLAB via U.S. Postal Service
(2)	SIGNATURE	SIGNATURE	

INSTRUCTIONS				
	BLOCK	USA	USN/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine samples		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
				Four-character Base

EXAMPLE 1: Samples mailed to lab by BM2 Smith immediately after collection, with no intermediate transfer of custody.

(4)	SIGNATURE NAME	SIGNATURE NAME	
(5)	SIGNATURE NAME	SIGNATURE NAME	
(6)	SIGNATURE NAME	SIGNATURE NAME	
(7)	SIGNATURE NAME	SIGNATURE NAME	
(8)	SIGNATURE NAME	SIGNATURE NAME	
(9)	SIGNATURE NAME	SIGNATURE NAME	
(10)	SIGNATURE NAME	SIGNATURE NAME	

5	DOCUMENT/BATCH NUMBER	Do not use	samples, or portion thereof, shall be assigned a separate number by the submitting unit.	in the shipment (Ex., 301). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
9	TEST BASIS	Indicate the testing premise to conduct the collection.		
10	TEST INFORMATION	Military: A = E1 - E4; B = E5 - O10; Civilian only: C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP; F = TDP; ADAPCP Staff: G = other TDP; N = other nonmilitary	Leave blank	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used

12. CHAIN OF CUSTODY (LINE (1)).

a. DATE - Date of collection/shipment

b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.

c. RECEIVED BY - Use only if physical change of custody is occuring prior to shipment. Otherwise leave blank.

d. PURPOSE OF CHANGE/REMARKS - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.

NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document changes in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).

13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES

DD Form 2624, FEB 1998 (Back)

Source http://www-nehc.med.navy.mil/field_activities/ndtp_form2624.aspx

Proper Documentation of Chain of Custody (III)

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.
(1) 25NOV2002	SIGNATURE Bm2 Smith NAME BM2 Smith	SIGNATURE NAME	Hand Carry to NAVDRUGLAB
(2)	SIGNATURE NAME	SIGNATURE NAME	
(3)	SIGNATURE NAME	SIGNATURE NAME	
(4)	SIGNATURE NAME	SIGNATURE NAME	
(5)	SIGNATURE NAME	SIGNATURE NAME	
(6)	SIGNATURE NAME	SIGNATURE NAME	
(7)	SIGNATURE NAME	SIGNATURE NAME	
(8)	SIGNATURE NAME	SIGNATURE NAME	
(9)	SIGNATURE NAME	SIGNATURE NAME	
(10)	SIGNATURE NAME	SIGNATURE NAME	

DD Form 2624, FEB 1998 (Back)

EXAMPLE 2: Samples hand carried to lab by BM2 Smith immediately after collection, with no intermediate transfer of custody.

INSTRUCTIONS				
BLOCK		USA	USN/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine samples		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
				Four-character Base
5	DOCUMENT/BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex., 501). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
9	TEST BASIS	Indicate the testing premise to conduct the collection.		
10	TEST INFORMATION	Military: A = E1 - E4; B = E5 - O10; Civilian only: C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP; F = TDP; ADAPCP Staff: G = other TDP; N = other nonmilitary	Leave blank	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used

12. CHAIN OF CUSTODY (LINE (1)).

a. DATE - Date of collection/shipment

b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.

c. RECEIVED BY - Use only if physical change of custody is occuring prior to shipment. Otherwise leave blank.

d. PURPOSE OF CHANGE/REMARKS - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.

NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document changes in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).

13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES

Source http://www-nehc.med.navy.mil/field_activities/ndtp_form2624.aspx

Proper Documentation of Chain of Custody (IV)

"Z-chain" Example:

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.
(1) 25NOV2002	SIGNATURE BM2 Smith NAME BM2 Smith	SIGNATURE SN Jones NAME SN Jones	Transfer custody/Prepare for shipment
(2) 25NOV2002	SIGNATURE SN Jones NAME SN Jones	SIGNATURE NAME	Ship to NAVDRUGLAB via U.S. Postal Service
(3)	SIGNATURE NAME	SIGNATURE NAME	
(4)	SIGNATURE NAME	SIGNATURE NAME	
(5)	SIGNATURE NAME	SIGNATURE NAME	
(6)	SIGNATURE NAME	SIGNATURE NAME	
(7)	SIGNATURE NAME	SIGNATURE NAME	
(8)	SIGNATURE NAME	SIGNATURE NAME	
(9)	SIGNATURE NAME	SIGNATURE NAME	
(10)	SIGNATURE NAME	SIGNATURE NAME	

EXAMPLE 3: Samples mailed to lab by SN Jones with transfer of custody from BM2 Smith to SN Jones.

INSTRUCTIONS				
BLOCK		USA	USN/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine samples		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
3	BASE / AREA CODE	Service Code Area	Leave blank for future use.	Four-character Base Identification Code (Ex., F123). Comprises the first four characters of the full 10-character Base Identification Number (BIDN).
4	UNIT IDENTIFICATION	Unit Identification Code (UIC or RUC) of unit		
7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
9	TEST BASIS	Indicate the testing premise to conduct the collection.		
10	TEST INFORMATION	Military: A = E1 - E4; B = E5 - O10; Civilian only: C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP; F = TDP; ADAPCP Staff: G = other TDP; N = other nonmilitary	Leave blank	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used

12. CHAIN OF CUSTODY (LINE (1)).

a. DATE - Date of collection/shipment

b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.

c. RECEIVED BY - Use only if physical change of custody is occuring prior to shipment. Otherwise leave blank.

d. PURPOSE OF CHANGE/REMARKS - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.

NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document changes in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).

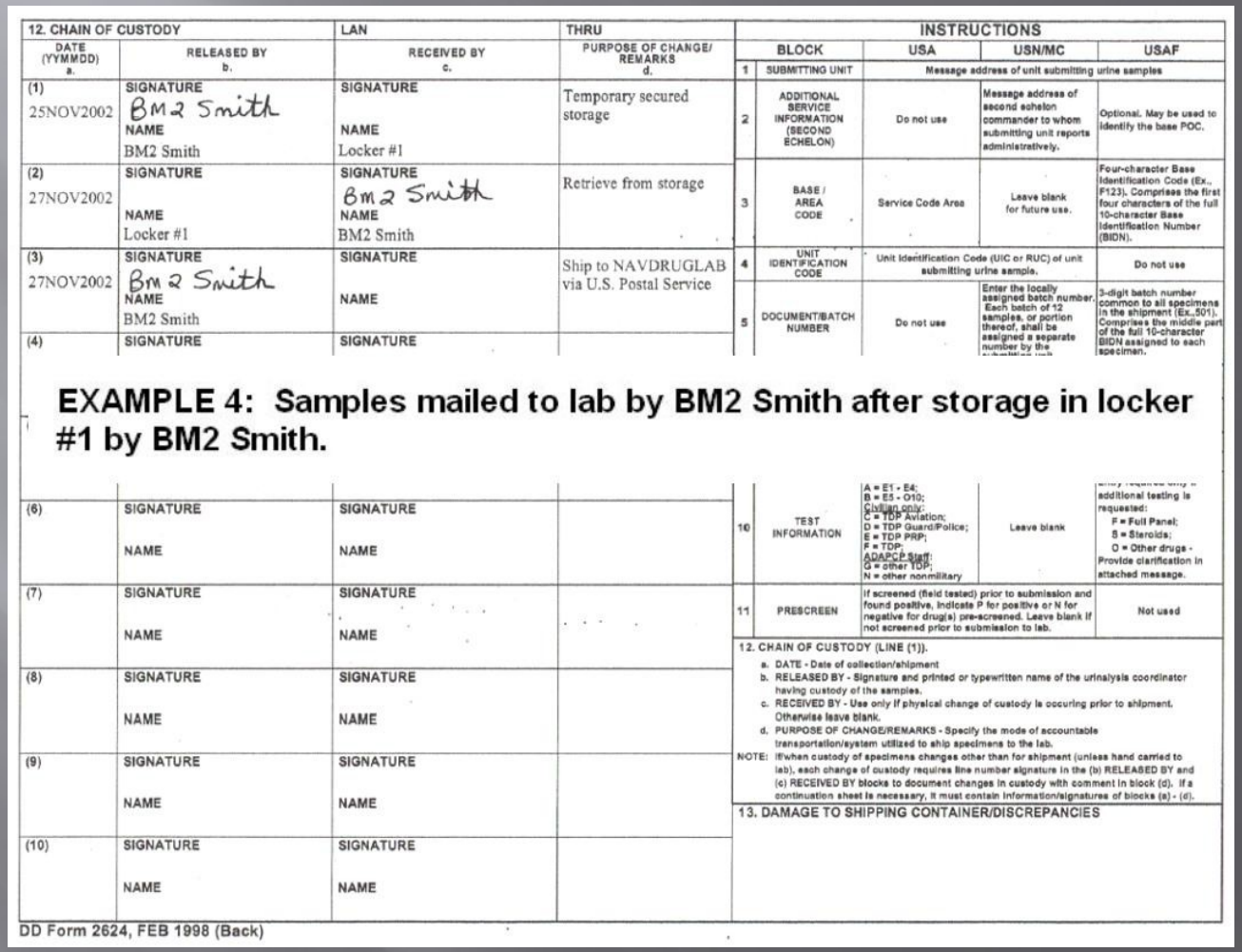
13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES

DD Form 2624, FEB 1998 (Back)

Source http://www-nehc.med.navy.mil/field_activities/ndtp_form2624.aspx

Proper Documentation of Chain of Custody (V)

"Z-chain" Example:



12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.
(1) 25NOV2002	SIGNATURE BM2 Smith NAME BM2 Smith	SIGNATURE NAME Locker #1	Temporary secured storage
(2) 27NOV2002	SIGNATURE NAME Locker #1	SIGNATURE BM2 Smith NAME BM2 Smith	Retrieve from storage
(3) 27NOV2002	SIGNATURE BM2 Smith NAME BM2 Smith	SIGNATURE NAME	Ship to NAVDRUGLAB via U.S. Postal Service
(4)	SIGNATURE	SIGNATURE	

INSTRUCTIONS				
	BLOCK	USA	USN/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine samples		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
3	BASE / AREA CODE	Service Code Area	Leave blank for future use.	Four-character Base Identification Code (Ex., F123). Comprises the first four characters of the full 10-character Base Identification Number (BIDN).
4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
5	DOCUMENT/BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the	3-digit batch number common to all specimens in the shipment (Ex.,501). Comprises the middle part of the full 10-character BIDN assigned to each specimen.

EXAMPLE 4: Samples mailed to lab by BM2 Smith after storage in locker #1 by BM2 Smith.

(6)	SIGNATURE NAME	SIGNATURE NAME	
(7)	SIGNATURE NAME	SIGNATURE NAME	
(8)	SIGNATURE NAME	SIGNATURE NAME	
(9)	SIGNATURE NAME	SIGNATURE NAME	
(10)	SIGNATURE NAME	SIGNATURE NAME	

10	TEST INFORMATION	A = E1 - E4; B = E5 - O10; Civilian only: C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP; F = TDP; ADAPCP Staff; G = other TDP; N = other nonmilitary	Leave blank	additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used

12. CHAIN OF CUSTODY (LINE (1)).
a. DATE - Date of collection/shipment
b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.
c. RECEIVED BY - Use only if physical change of custody is occuring prior to shipment. Otherwise leave blank.
d. PURPOSE OF CHANGE/REMARKS - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.
NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document changes in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).

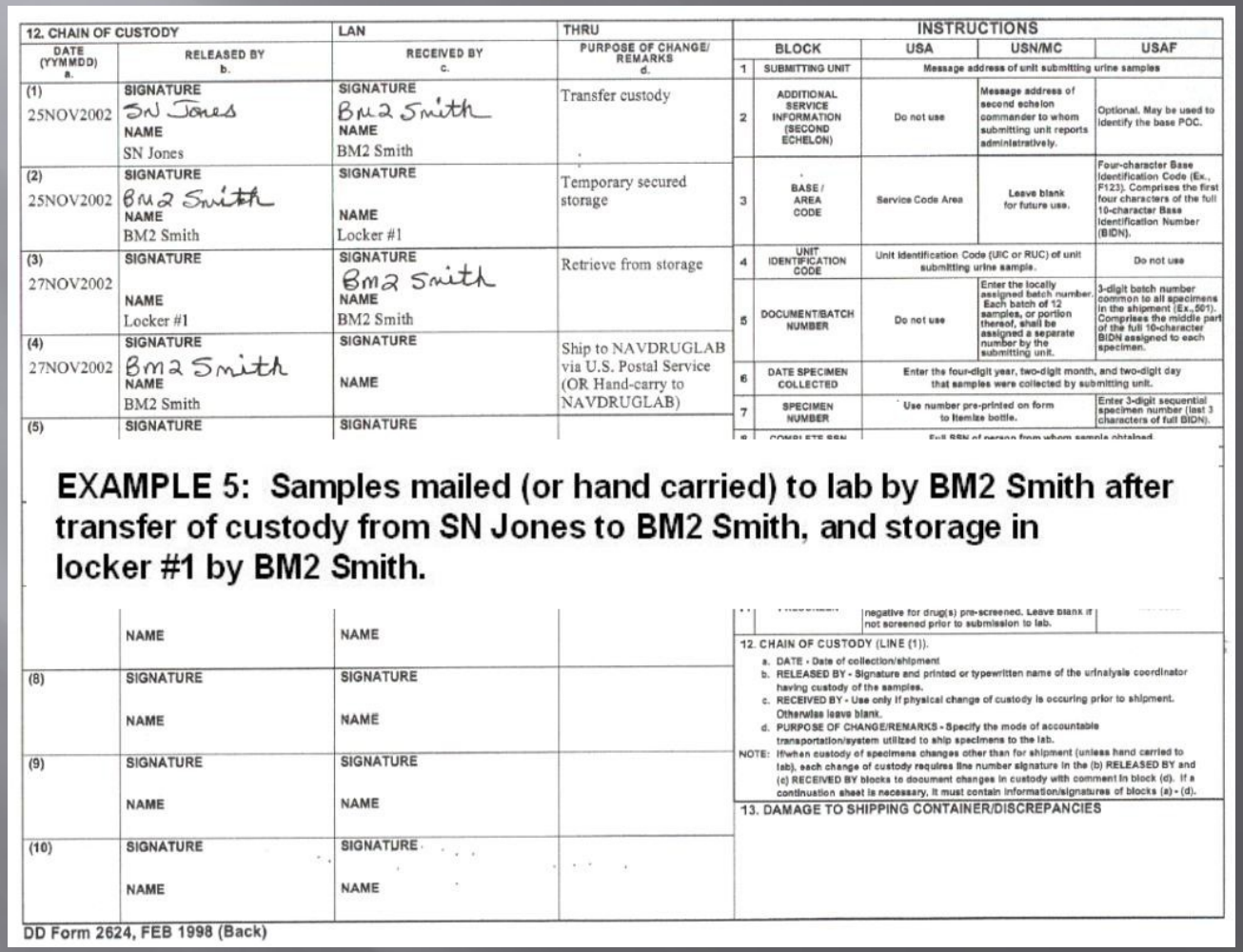
13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES

DD Form 2624, FEB 1998 (Back)

Source http://www-nehc.med.navy.mil/field_activities/ndtp_form2624.aspx

Proper Documentation of Chain of Custody (VI)

"Z-chain" Example:



12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.
(1) 25NOV2002	SIGNATURE SN Jones NAME SN Jones	SIGNATURE BM2 Smith NAME BM2 Smith	Transfer custody
(2) 25NOV2002	SIGNATURE BM2 Smith NAME BM2 Smith	SIGNATURE NAME Locker #1	Temporary secured storage
(3) 27NOV2002	SIGNATURE NAME Locker #1	SIGNATURE BM2 Smith NAME BM2 Smith	Retrieve from storage
(4) 27NOV2002	SIGNATURE BM2 Smith NAME BM2 Smith	SIGNATURE NAME	Ship to NAVDRUGLAB via U.S. Postal Service (OR Hand-carry to NAVDRUGLAB)
(5)	SIGNATURE NAME	SIGNATURE NAME	
(8)	SIGNATURE NAME	SIGNATURE NAME	
(9)	SIGNATURE NAME	SIGNATURE NAME	
(10)	SIGNATURE NAME	SIGNATURE NAME	

INSTRUCTIONS				
	BLOCK	USA	USN/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine samples		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
3	BASE / AREA CODE	Service Code Area	Leave blank for future use.	Four-character Base Identification Code (Ex., F123). Comprises the first four characters of the full 10-character Base Identification Number (BIDN).
4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
5	DOCUMENT/BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex., 501). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
8	COMPLETE SSN	Full SSN of person from whom sample obtained.		

EXAMPLE 5: Samples mailed (or hand carried) to lab by BM2 Smith after transfer of custody from SN Jones to BM2 Smith, and storage in locker #1 by BM2 Smith.

9	negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.

12. CHAIN OF CUSTODY (LINE (1)).
- a. DATE - Date of collection/shipment
- b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.
- c. RECEIVED BY - Use only if physical change of custody is occuring prior to shipment. Otherwise leave blank.
- d. PURPOSE OF CHANGE/REMARKS - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.

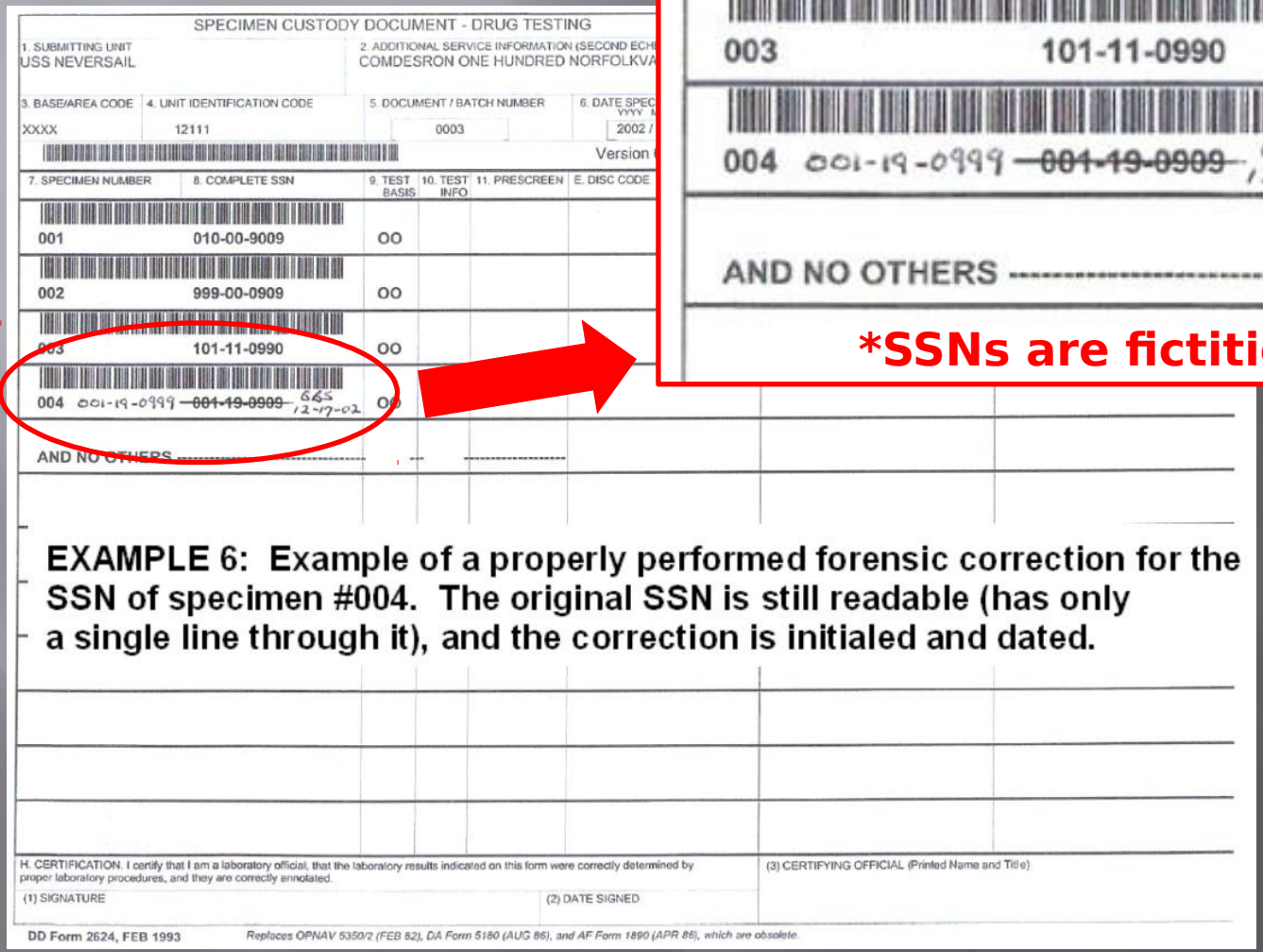
NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document changes in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).

13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES

DD Form 2624, FEB 1998 (Back)

Source http://www-nehc.med.navy.mil/field_activities/ndtp_form2624.aspx

Proper Forensic Correction



SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT: USS NEVERSAIL
2. ADDITIONAL SERVICE INFORMATION (SECOND ECH): COMDESRON ONE HUNDRED NORFOLKVA
3. BASE/AREA CODE: XXXX
4. UNIT IDENTIFICATION CODE: 12111
5. DOCUMENT / BATCH NUMBER: 0003
6. DATE SPEC YYYY M: 2002 /
Version (

7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFO	11. PRESCREEN	E. DISC CODE
001	010-00-9009	OO			
002	999-00-0909	OO			
003	101-11-0990	OO			
004	001-19-0999 ~~001-19-0909~~ 665 12-17-02	OO			

AND NO OTHERS

EXAMPLE 6: Example of a properly performed forensic correction for the SSN of specimen #004. The original SSN is still readable (has only a single line through it), and the correction is initialed and dated.

H. CERTIFICATION. I certify that I am a laboratory official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and they are correctly annotated.

(1) SIGNATURE | (2) DATE SIGNED | (3) CERTIFYING OFFICIAL (Printed Name and Title)

DD Form 2624, FEB 1993 *Replaces OPNAV 5350/2 (FEB 82), DA Form 5180 (AUG 86), and AF Form 1890 (APR 86), which are obsolete.*

002	999-00-0909	OO
003	101-11-0990	OO
004	001-19-0999 ~~001-19-0909~~ 665 12-17-02	OO

AND NO OTHERS

SSNs are fictitious

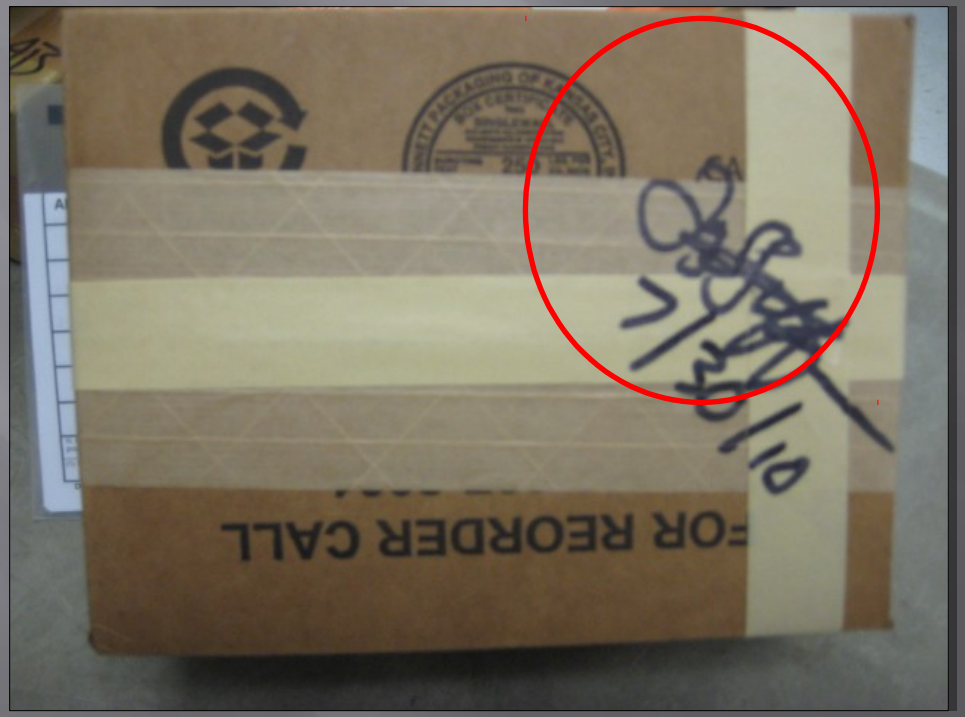
Common Discrepancies (III)

- GP = Form or other document shows Service Member's name / signature
- The second most commonly-applied discrepancy code for specimens received by NDSL Jacksonville
- Do not submit any documents that show Service Member's name or signature (*i.e.*, Drug Testing Program Testing Register)

Common Discrepancies (IV)

- PD = Package missing signature / date

- The third most commonly-applied discrepancy code for specimens received by NDSL Jacksonville



Common Discrepancies (V)

- FR = Form on two pieces of paper-no linking identifiers
- The fourth most commonly-applied discrepancy code for specimens received by NDSL Jacksonville
- Print the front and back of DD Form 2624 on one piece of paper
- If you must print the DD Form 2624 on two pieces of paper, annotate the local batch number, your initials, and the date on top of the second page of the DD Form 2624

Common Discrepancies (VI)

- GG = Form listed specimen, no bottle received
- The fifth most commonly-applied discrepancy code for specimens received by NDSL Jacksonville
- If a specimen is listed on the DD Form 2624 but for some reason was not collected, forensically line out the sample
- Draw a line through the barcode for the incorrect information and initial and date

Common Discrepancies (VII)

- The UPC must also account for each and every specimen bottle listed on the DD Form 2624

- If a specimen is listed on the DD Form 2624 but is not collected, the UPC must forensically void the specimen entry on the DD Form 2624

- Additionally, we ask that the UPC try to place as many specimens on one DD Form 2624 as possible

- We sometimes receive 12 specimen bottles collected on the same day with 12 different DD Forms 2624 in one box – this requires additional processing time and may delay results reporting!!

Helpful Resources

- Navy Drug Screening Laboratory Jacksonville: http://www.med.navy.mil/sites/jaxdruglab/Pages/default.aspx
- Navy Alcohol and Drug Abuse Prevention (NADAP): http://www.npc.navy.mil/CommandSupport/NADAP
- Urinalysis Program Coordinator's (UPC) Handbook
- OPNAVINST 5350.4D & SECNAVINST 5300.28D
- NAVADMIN 108/10 of 25 Mar 10